



VOLUNTEER APPLICATION FORM

NAME DATE

MAILING ADDRESS: STREET CITY ZIP

PHONE: HOME WORK CELL BEST TIME TO CALL

EMAIL ADDRESS

GOALS YOU WISH TO ACHIEVE THROUGH YOUR WORK AT SAFE CENTER? (PLEASE CHECK THREE THAT APPLY MOST)

- Community involvement, Gain knowledge/learn new skills, Help others, Explore new fields of work, Achieve personal growth, Meet new people, Enhance employment skills, Discover new interests

CAREER/WORK EXPERIENCE.

- Artist, Childcare, Computers/office, Education, Grant writing/fundraising, Healthcare, Homemaker, Law enforcement, Librarian, Music, Public relations, Research, Sales, Social work, Technology, Other

PLEASE CHECK ANY POSITIONS THAT YOU ARE INTERESTED IN. (JOB DESCRIPTIONS ARE AVAILABLE WWW.THESAFECENTER.ORG)

- Childcare assistant, Donation pick-up and delivery, Office assistant, Special events/special projects, Awareness activities, Volunteer management, Fundraising committee, Maintenance/repair, Shelter assistant, Transporter, Newsletter, Yard/garden work

WHEN ARE YOU AVAILABLE TO VOLUNTEER? WEEKDAYS WEEKNIGHTS WEEKENDS

PREFERRED LOCATION TO VOLUNTEER? CLINTON COUNTY SHIAWASSEE COUNTY NO PREFERENCE

HOW MANY HOURS PER WEEK ARE YOU INTERESTED IN VOLUNTEERING?

HAVE YOU BEEN A CLIENT OF SAFE CENTER OR ANY OTHER DOMESTIC/SEXUAL VIOLENCE PROGRAM WITHIN THE PAST YEAR? YES NO

HAVE YOU HAD PREVIOUS VOLUNTEER EXPERIENCE? YES NO IF YES, WHERE DID YOU VOLUNTEER AND WHAT DID YOU DO?

ALL VOLUNTEERS ARE REQUIRED TO PARTICIPATE IN TRAINING.

VOLUNTEER WHO WILL BE WORKING DIRECTLY WITH CLIENTS WILL BE REQUIRED TO COMPLETE A MINIMUM OF 20 HOURS CLASSROOM TRAINING AND 16 HOUR SHADOWING TRAINING.

VOLUNTEERS WHO WILL NOT BE WORKING DIRECTLY WITH CLIENTS WILL BE REQUIRED TO COMPLETE A MINIMUM OF 8 HOURS OF CLASSROOM TRAINING.

COMMENTS / CONCERNS / OTHER:

**SAFECENTER
INFORMATION RELEASE**

DUE TO THE NATURE OF OUR WORK AND FOR THE SAFETY OF STAFF, CLIENTS AND VOLUNTEERS, A CRIMINAL BACKGROUND CHECK MUST BE COMPLETED. PLEASE COMPLETE THE FOLLOWING INFORMATION.

NAME	OTHER NAMES	DATE OF BIRTH
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SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
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RACE	SEX
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I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE. I AUTHORIZE SAFECENTER TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CRIMINAL HISTORY CHECK.

SIGNATURE OF APPLICANT	DATE
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AGENCY REPRESENTATIVE	DATE
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PLEASE LIST AT LEAST THREE REFERENCES. REFERENCES WILL BE CONTACTED BY PHONE.

NAME	PHONE NUMBER	RELATIONSHIP
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NAME	PHONE NUMBER	RELATIONSHIP
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PLEASE RETURN COMPLETED FORM TO:

**SAFECENTER
P.O. Box 472
ST. JOHNS, MI 48879**